

MADP Strategy 2015-2025

Contents

1.	Executive Summary	pg. 2-3
2.	Background	pg. 3
3.1	Chart of MADP Accountability	pg. 3
3.2	Aim and Purpose of MADP	pg. 3
3.	Challenges for the MADP	pg. 4
4.1	National Papers	pg. 4-5
4.2	Local Challenges	pg. 5
4.	Strategy 2009-2015	pg. 5-6
5.1	Evidence of MADP Strengths (What Worked)	pg. 5
5.2	Development of the Moray Recovery Oriented System of Care	pg. 6
5.3	Links to Local Strategies	pg. 6
5.	Links to Community Planning Board and HEAT Standard	pg. 6-7
6.1	Links to Community Planning Board	pg. 6-7
6.2	Links to NHS HEAT Standards	pg. 7
6.	MADP Strategic Outcomes for 2015-2025	pg. 7-11
6.1	People are healthier and experience fewer risks as a result of alcohol and drug use	pg. 7-8
6.2	Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others	pg.8-9
6.3	Individuals are improving their health , well-being, and life chances by recovering from problematic drug and alcohol use	pg. 9-10
6.4	Children and family members of people misusing drug and alcohol are safe, well supported and have improved life chances	pg. 10
6.5	Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour	pg. 10-11
6.6	People live in positive, health promoting local environments Where alcohol and drugs are less readily available	pg. 11
6.7	Alcohol and drug prevention, treatment and support services are high quality, continually improving efficient and evidence based and responsive, ensuring people move through treatment into sustained recovery	pg. 11-12
7.	Evaluation of the MADP Strategy	pg. 12
8.	Funding	pg. 12
9.	Conclusion	pg. 12-13
10.	Appendix	pg. 14-23
10.1	Links to other Strategies	pg. 14-15
10.2	Glossary	pg. 16-18
10.3	Outcomes Framework for MADP Strategy	pg. 19-21
10.4	Drug and Alcohol Quality Principles	pg. 22-23

1. Executive Summary

The Moray Alcohol and Drug Partnership (MADP) is a multi-agency Partnership that is accountable to the Moray Community Planning Board through the Public Protection Partnership, as well as the Shadow Health and Social Care Integrated Joint Board. The purpose of the MADP is to reduce the impact of problematic drug and alcohol use on individuals, families and communities in Moray, through the coordination of the work carried out by the Statutory and Third Sector voluntary agencies.

The MADP is committed to upholding the Quality Principles as set by the Scottish Government, which will allow the MADP to ensure that quality and evidence are embedded throughout all of the MADP Services.

There are a number of National Level Reports and Acts that identify the challenges faced by the MADP:

- The Road to Recovery
- Changing Scotland's Relationship with Alcohol: A framework for Action
- Alcohol etc. (Scotland) Act 2010
- The Commission on the Future Delivery of Public Service
- Quality Alcohol Treatment and Support

The previous MADP Strategy; Delivering Recovery through Sustainable Change (2009-2015) identified a number of strengths which were:

- The Single Door Access to Treatment provided by Turning Point Scotland
- The Implementation of the Outcome Star System to measure an individual's Recovery journey
- In March 2013 the MADP met the A11 HEAT Target that 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. This has been mandated as a HEAT Standard since that date, with Moray consistently meeting and exceeding the target of 90%.

Throughout 2014/15 the MADP has been working towards further implementing and embedding a true Recovery oriented System of Care (ROSC) in the MADP Treatment and Support Services.

The MADP ROSC will offer a suite of wide ranging, person-centred services which are individual specific, needs led, stage-appropriate, and flexible throughout the recovery journey. Services will evolve to the needs of individuals, rather than the other way round.

The MADP is linked to the Community Planning Board through Moray 2023: A Plan for the future, and is linked to the NHS HEAT Standards through A11 – 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. NHS Boards and Alcohol and Drug Partnerships (ADPs) will sustain and embed alcohol brief interventions (ABI) in the three priority settings (primary care, A&E, antenatal). In addition, they will continue to develop delivery of alcohol brief interventions in wider settings.¹

The MADP has identified the following as the 7 Strategic Priorities for Moray in the next ten years:

- People are healthier and experience fewer risks as a result of alcohol and drug use
- Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others.
- Individuals are improving their health, well-being, and life chances by recovering from problematic drug and alcohol use.
- Children and family members of people misusing drug and alcohol are safe, well supported and have improved life chances.

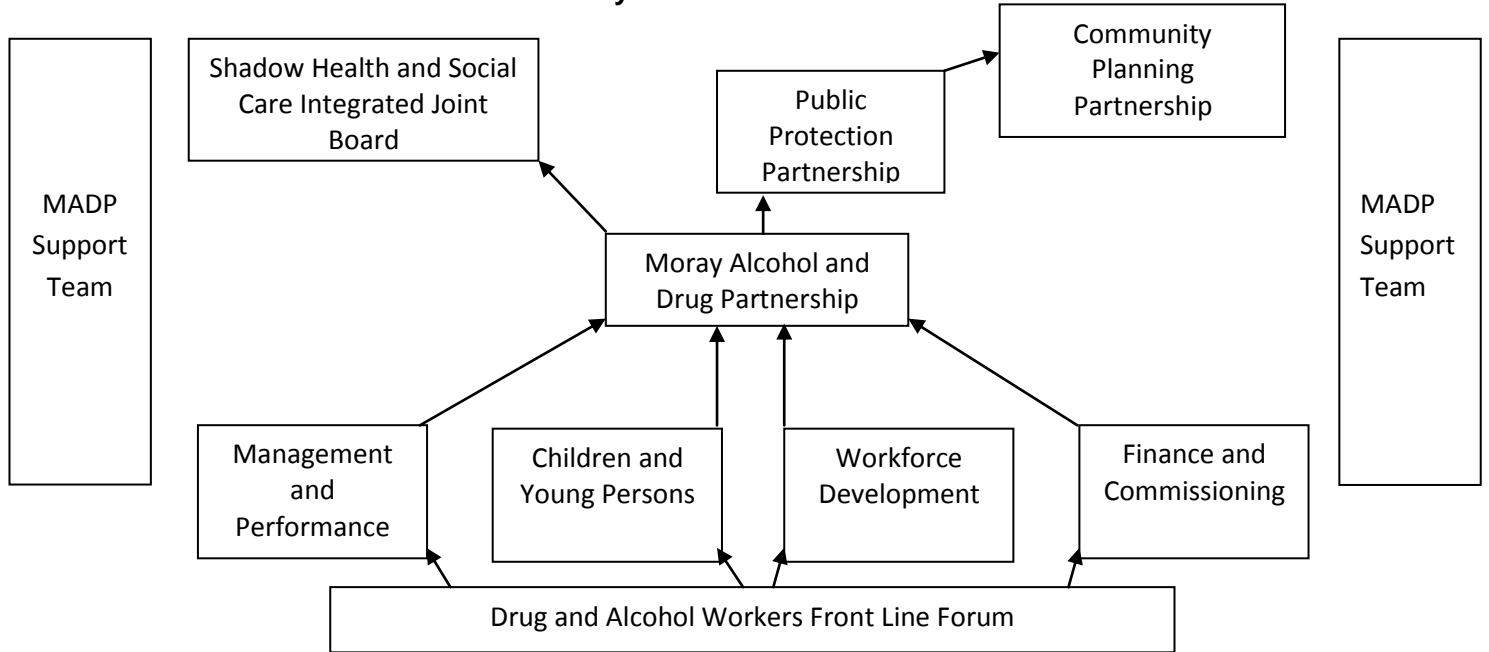
¹<http://www.gov.scot/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/HEATstandards/drugandalcoholtreatmentwaitingtimesstandard>

- Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour.
- People live in positive, health promoting local environments where alcohol and drugs are less readily available.
- Alcohol and drug prevention, treatment and support services are high quality, continually improving efficient and evidence based and responsive, ensuring people move through treatment into sustained recovery.

The MADP will support the changes that are required to assist in the reducing the impact of problematic drug and alcohol use in the Moray area, as well as on a national basis.

2. Background

2.1 MADP Chart of Accountability



2.2 Aim and Purpose of the MADP

The Moray Alcohol and Drug Partnership (MADP) is a multi-agency Partnership; accountable to the Moray Community Planning Board, through the Public Protection Partnership and the Shadow Health and Social Care Integrated Joint Board. The MADP ensures that services are based on evidence, led by local need, and delivered in an efficient and effective manner, whilst providing maximum value for money.

The MADP is committed to:

- The principle of recovery using the 9 Dimensions of Recovery² as recommended by the Scottish Recovery Consortium.
- Upholding the Quality Principles as set by the Scottish Government, this will allow the MADP to ensure that quality and evidence are embedded throughout all of the MADP Services.³
- Helping people through services to a point of recovery that is relative to them; recovery can mean that the person moves towards abstinence, stability, self-development, or employment to allow them to build up their recovery and social capital through a Recovery Oriented System of Care.

The MADP is responsible for the formulation of a strategy that will outline how the MADP proposes to tackle problematic Alcohol and Drug use in the area.

3. The Challenges for the MADP

² <http://sdrconsortium.org/assets/files/9%20Dimensions%20of%20Recovery.pdf>

³ <http://www.gov.scot/Publications/2014/08/7888>

3.1 National Papers

The Road to Recovery⁴ is a national document that was published by the Scottish Government in 2008. It sets out a vision whereby all drug and alcohol treatment services are based on the principle of recovery. It identifies the following five main outcomes that the MADP need to take cognisance of:

- Better treatment to facilitate the promotion of recovery
- Better drug information is made available
- More choices and chances for young people are identified
- Better outcomes for children affected by parental substance misuse
- Better enforcement of legislation

Changing Scotland's Relationship with Alcohol: A Framework for Action⁵ Relates to the recognition that there needs to be a change in the relationship that Scotland as a whole has with alcohol. In realising this change it will allow the people of Scotland to become more empowered and realise their full potential as individuals, communities and as a nation. The four main outcomes that are:

- Reducing consumption of Alcohol
- Supporting families and communities
- Promoting a positive whole population approach to alcohol, allowing individuals to make better more informed choices about the role alcohol plays in their lives
- Better support and treatment for those with an alcohol misuse issue

Alcohol etc. (Scotland) Act 2010⁶: sets out the following:

- Ban on quantity discounts
- Restrictions on alcohol display and promotions in off-sales premises
- Mandatory Challenge 25 age verification policy for those who appear to be under 25 years purchasing alcohol⁷.
- Powers to introduce a social responsibility levy in license holders.
- Health boards are to be notified of premises license applications.
- Annual Chief Constable Reports are to be provided.

The Commission on the Future Delivery of Public Services Report (2001)⁸ sets out the following statements that need to be taken into account when commissioning Public Services in Scotland:

- Reforms must aim to empower individuals and communities receiving public services by involving them in the design and delivery of the services they use.
- Public service providers must be required to work much more closely in partnership, to integrate service provision and thus improve the outcomes they achieve.
- We must prioritise expenditure on public services which prevent negative outcomes from arising.
- And our whole system of public services – public, third and private sectors – must become more efficient by eliminating duplication and sharing services wherever possible.

Quality Alcohol Treatment and Support Report (2011)⁹, sets out a stepped, person centred, recovery oriented approach to service provision which identifies and meets the needs of the

⁴ <http://www.gov.scot/Resource/Doc/224480/0060586.pdf>

⁵ <http://www.gov.scot/Resource/Doc/262905/0078610.pdf>

⁶ <http://www.legislation.gov.uk/asp/2010/18/contents>

⁷ <http://www.challenge25.org/background.html>

⁸ <http://www.gov.scot/Resource/Doc/352649/0118638.pdf>

⁹ Scottish Ministerial Advisory Committee on Alcohol Problems (SMACAP) Essential Services Working Group

individual Service User aimed at tier 3 and 4 Specialist Drug and Alcohol Treatment and Support Providers.

The MADP will work with service providers and professional bodies, both nationally and locally, to foster a culture of ambition and belief in recovery and achieve the outcomes as referenced in section 7 of this strategy.

4.2 Local Challenges

The challenges that arise from Partnership working can be progressed into strengths for the MADP in the coming years.

The MADP is committed to breaking down the barriers and stigma that are often experienced by individuals with problematic drug and alcohol use, throughout all levels of society. The MADP will manage this educational process through the Workforce Development Sub Group, individual worker continued professional development, as well as through the MADP Service Redesign process over the coming years.

The MADP will take cognisance of the challenges as viewed by Service Users and change these into strengths through Peer Led Recovery.

The MADP will take account of any future introduction of Self Directed Support, which will be managed in a coherent and sensitive manner, adhering to the Quality Principles.

The MADP will work with partners as part of the Integration of Health and Social Care. This will be managed in a comprehensive manner adhering to national guidelines and protocols.

4. Moray Drug and Alcohol Partnership Strategy 2009-2015

5.1 Evidence of Strengths and What Worked

The Moray Single Door Access System was developed to enable individuals to access a single point of contact for an initial assessment before being referred on to a specialist treatment provider service if this is required. This provided a consistency to all Single Shared Assessments and a simple entry into services.

The Outcome Star¹⁰ was introduced in Moray in 2012 to measure an individual's recovery journey and identify areas of success or areas that the service user feels needs more focused work. This allows the MADP to report on individuals progress in their recovery. The Outcome Star has been incorporated into the review of an individual's care plan. This tool kit identifies those who may need help further support enabling the individual to be sign posted to the appropriate services. It also identifies particular interventions that are working well within the Moray Drug and Alcohol Services, allowing the MADP to build on examples of good practice.

The HEAT Target set by the Scottish Government that by 31 March 2013 90% of service users would go from referral to treatment in 3 weeks or less. In Moray, by 31st March 2013 100% of all service users were going from referral to treatment within 3 weeks.

The MADP have employed a Public Involvement Officer to work specifically with the Service Users, through this process Service Users are able to have greater input into the commissioning of services, and the evolution of Drug and Alcohol Services in Moray.

¹⁰ <http://www.staronline.org.uk/>

5.2 The Development of a Recovery Oriented System of Care in Moray

A mapping exercise was held in early 2014 to ascertain if the MADP were getting true value for money and to identify potential funding to help promote the development of a ROSC in Moray. This exercise led to the MADP ROSC Service Redesign taking into account the commissioning and procurement cycle as displayed below.

The MADP ROSC will offer a suite of wide ranging, person-centred services which are individual specific, needs led, stage-appropriate, and flexible throughout the recovery journey. Services will evolve to the needs of individuals, rather than the other way round.



5.3 Links to other Strategies

The MADP does not work in isolation understanding that problematic drug and alcohol use is both a community and nationwide issue. It is linked to a number of outcomes and strategies nationally as well as in the Moray area as detailed in appendix 1:

There is an integral link between the MADP key Priorities and Outcomes and the Scottish Government National Outcomes below:

- We live longer, healthier lives
- We have strong, resilient supportive communities where people take responsibility for their own actions and how they affect others
- We have improved the life chances for children, young people and families at risk
- Our public services are high quality, continually improving, efficient and responsive to local people's needs
- We have tackled the significant inequalities in Scottish society

5. Links to Community Planning and Health Improvement, Efficiency, Access to Services and Treatment (HEAT) Standards

5.1 The MADP is accountable to the Community Planning Board through Moray 2023: A Plan for the Future. Alcohol Dependence in particular was identified as key factor for concern in Moray. The MADP will also be accountable to the Community Planning Board through the Shadow Health and Social Care Integrated Joint Board.

The Performance Indicators that aim to tackle problematic alcohol use specifically in the Moray 2023: A Plan for the Future are:

- The percentage of crime where alcohol was a factor.
- The number of people in hospital with an alcohol diagnosis who have a dependence on alcohol

5.2 The following two HEAT Targets were published in 2009 and have subsequently become HEAT Standards to be maintained:

- A11 – NHS Boards and Alcohol and Drug Partnerships (ADPs) will sustain and embed alcohol brief interventions (ABI) in the three priority settings (primary care, A&E, antenatal). In addition, they will continue to develop delivery of alcohol brief interventions in wider settings.¹¹
- H4 – 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.¹²

6. MADP Strategic Outcomes

6.1 People are Healthier and Experience Fewer Risks as a Result of Alcohol and Drug use

Current Picture

In Moray during 2013/14 there were 388 hospital stays that related to alcohol with 283 patients (1.37 visits per patient), compared to 36,206 hospital stays nationally and 24,213 patients staying in hospital due to alcohol (1.49 visits per patient). Moray has less alcohol related visits per patient when compared with the Scottish Average. Moray ranks 27th of 32 local authority areas in regards to alcohol related hospital stays.¹³

The number of drug related hospital admissions in Moray is significantly less than the number of alcohol related admissions however they are still a cause for concern to the MADP. In 2013/14 there were 35 episodes of admissions in hospital related to drug misuse, and 30 patients who were admitted to hospital due to drug misuse (1.2 visits per patient), this accounts for 0.55% of the national figure for the number of admissions. Moray is ranked joint 30th when compared with the other Local Authorities in Scotland.¹⁴

During 2013/14 there were 22 alcohol related deaths in the Moray area, which accounts for 2% of all the Alcohol Related Deaths in Scotland. Moray ranks joint 16th in alcohol related deaths in Scotland.¹⁵

There were 5 Drug Related Deaths in Moray in 2013, ranking Moray 25th of the 32 Local Authority areas in Scotland. The main drug grouping found in the system of those who suffered a drug related death in Moray was benzodiazepine.¹⁶

There is an expectation that all of the schools in the Moray area will be implementing the Curriculum for Excellence Health and Wellbeing Framework, including the experiences and

¹¹<http://www.gov.scot/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/alcoholbriefinterventionsStandard>

¹²<http://www.gov.scot/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/HEATstandards/drugandalcoholtreatmentwaitingtimesstandard>

¹³<https://isdscotland.scot.nhs.uk/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2014-11-25/2014-11-25-ARHS2013-14-Report.pdf?67777651549>

¹⁴<https://isdscotland.scot.nhs.uk/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2014-10-28/2014-10-28-DrugsHospitalStatistics-Report.pdf?37029665709>

¹⁵<http://www.gro-scotland.gov.uk/statistics/theme/vital-events/deaths/alcohol-related/index.html>

¹⁶<http://www.gro-scotland.gov.uk/statistics/theme/vital-events/deaths/alcohol-related/index.html>

outcomes that sit within the Substance Misuse and mental, Emotional, Social and Physical Wellbeing organisers.

What the MADP will do

The MADP will:

- Identify the level of physical and mental wellbeing of those accessing Drug and Alcohol Services, and improve these levels through the use of the Outcomes Star.
- It will encourage signposting to other services to assist with achieving this outcome, through person centred, recovery oriented, evidence based interventions.
- Aim to reduce the number of people accessing hospital with an alcohol or drug related diagnosis, and the number of those who suffer an alcohol or drug related death.
- Will promote recovery from problematic drug and alcohol use, as well as harm reduction messages using a whole population approach. This will further be complemented with early intervention and education on problematic drug and alcohol use, working with Schools in the area, by educating young people about safe alcohol use, illegal drug use and the use of New Psychoactive Substances.
- Will increase the percentage of people those who use drugs who have access to and encourage the safe use of Naloxone through training, advertisement at MADP Service locations and during one to one interventions. It will ensure that there is an accurate recording of naloxone related data on NEO module system¹⁷.
- Will continue to work with the Scottish Prison Service to facilitate the smooth transfer of clients from Prison Treatment Services to Community based Treatment Services. This will respond to the needs of the individual and take account of the associated through care arrangements.
- Will engage with national bodies that provide NPS specific training. It will take into account the recommendations of the NPS Expert Review Group and associated documents¹⁸.
- Will link with local Service User Groups and Networks in a bid to continue to evaluate and respond to NPS use in Moray.
- Reduce the long-term risks of blood borne viruses such as Hepatitis B, C or HIV by extending and supporting the local availability of Dry Blood Spot Testing.

6.2 Fewer Adults and Children are Drinking or Using Drugs at Levels or Patterns that are Damaging to Themselves or Others

Current picture

When comparing the 2013 SALSUS data with the 2010 data there has been a reduction in the number of young people who have tried an alcoholic drink or tried drugs, however the percentage in Moray for those who have tried an alcoholic drink is higher than the national percentage.¹⁹ There has also been a reduction in the number of young people who usually drink once a week, but again this is higher than the national percentage.²⁰

It is estimated that 41% of individuals in Grampian drink above the daily or weekly recommended limit as set out by the Scottish Government and 20.6% of individuals in Grampian binge drink.²¹

What the MADP will do

The MADP will:

- Assist in formulating and promoting easy to understand, accurate health promoting information with regards to problematic drug and alcohol use, which will be shared with the wider Moray Community.

¹⁷ Harm Reduction database used to record Needle Exchange and Naloxone figures.

¹⁸ <http://www.gov.scot/Topics/Justice/policies/drugs-alcohol/NPSExpertReviewGroup>

¹⁹ http://www.isdscotland.org/Health-Topics/Public-Health/Publications/2014-11-25/SALSUS_2013_Moray.pdf

²⁰ http://www.isdscotland.org/Health-Topics/Public-Health/Publications/2014-11-25/SALSUS_2013_Moray.pdf

²¹ <http://www.scotpho.org.uk/publications/overview-of-key-data-sources/surveys-cross-sectional/scottish-health-survey>

- Ensure a continued reduction in the percentages of young people with problematic drug or alcohol use by working with Integrated Children's Services to facilitate an increase in young people's life chances through links with the Early Years and Young People Sub group.
- Promote the early intervention and prevention agenda with regards to problematic drug and alcohol use through the Workforce Development Group. The Workforce Development group will work with Scottish Drug Forum to write a Workforce Strategy that will enable staff to provide advice on the safe use of alcohol and harm reduction messages with regards to problematic drug use. This will allow for continued professional development among staff coming into contact with those who have problematic drug and alcohol use.
- Through the Grampian level NPS Group, continue to explore the prevalence and use of NPS in the Moray area; allowing the MADP to gauge any changes in the prevalence of NPS use in the area and put in place the necessary measures to deal with this emerging trend.
- Facilitate the use of ABI's in non-mandatory settings to help identify people who are consuming alcohol at unsafe levels, and offer them the necessary advice and help to reduce their levels of alcohol consumption.
- The MADP will undertake a consultation to assess how it can help children affected by their own problematic alcohol or drug use, with a view to commissioning a service to delivery this in the Moray area.

6.3 Individuals are improving their health, well-being, and life chances by recovering from problematic drug and alcohol use

Current picture

At present Moray uses the Outcome Star tool to measure a person's journey of recovery. During 2013/14 45% of those who had their recovery journey reviewed made progress with regard to Alcohol and 24% required no help with their alcohol use. 28% of those with a drug misuse issue made progress in 2013/14 and 53% required no help with drug misuse. Overall 86% of service users made progress in one or more areas of the drug and alcohol star in 2013/14.²²

It is estimated that 41% of people in the Grampian area consume alcohol above the safe drinking limits as described by the Scottish Government. In 2012/13 it was estimated that there were 350 people with a problem drug use aged between 15 and 64 years old in the Moray area.²³

There were 151 people in Moray who were discharged from Moray Drug and Alcohol Services in 2013/14 due to them having received the required support to help them recover.

What the MADP will do

The MADP will:

- Facilitate the continued development of a Peer Led Recovery Community in the Moray area, enabling individuals to recover from problematic drug and alcohol use in a way that builds their recovery, social and cultural capital.
- Continue to monitor a persons' recovery journey through the Outcome Star and the National Recovery Outcomes that are attached to the Drug and Alcohol Information System (DAISy).²⁴
- Ensure that timely and accurate data is added to the Scottish Drug Misuse Database and the Drug and Alcohol Waiting Times Database, through the Management and Performance Subgroup.
- Take cognisance of and put into place the recommendations as set out in the Delivering Recovery-Opioid Replacement Therapies in Scotland-Independent Expert Review document²⁵.

²² <http://www.madp.info/wp-content/uploads/2012/04/140423-Service-user-data-Q4-13-14.pdf>

²³ <https://isdscotland.scot.nhs.uk/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2014-10-28/2014-10-28-Drug-Prevalence-Summary.pdf?79400271178>

²⁴ <http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drug-Alcohol-Information-System/>

²⁵ <http://www.gov.scot/Resource/0043/00431023.pdf>

- Link in with and support the Mutual Aid Groups and packages that provide valuable support to those in Moray with problematic Drug and Alcohol use, through the use of the Front Line Forum.

6.4 Children and Family Members of People Misusing Drug and Alcohol are Safe, Well Supported and Have Improved Life Chances

The Current Picture

As at December 2014 30% of children on the Child Protection Register in Moray were on the register due to parental alcohol misuse, with 22% being on the register due to parental drug misuse.²⁶

There were approximately 77 family members who were supported by Quarriers Carer Support Service with regards to a loved one's problematic drug or alcohol use in Moray during 2013/14.²⁷ 38% of service users who were reviewed during 2013/14 reported that they had made progress with their family and relationships, with 27% needing no help in this area.²⁸

What the MADP will do

The MADP will:

- Continue to work with local carer's support services and groups, as well as national bodies set up to assist family members who are affected by another's problematic drug or alcohol use, recognising that they require support and assistance in their own right.
- Facilitate improved links with family members and carers to ensure that the Moray wide Alcohol and Drug service integrates the interventions of health, Social Work, and the Voluntary Sector Providers, efficiently for family members and carer's.
- Through the Early Years and Young People subgroup continue to link with the Wellbeing Indicators²⁹ and the outcomes from the Early Year Collaborative³⁰ to ensure that young people who are affected by another's problematic drug or alcohol use have the best start in life.
- Review how adult drug and alcohol treatment services and children service work together to promote both the recovery from problematic drug and alcohol use and the welfare of children; this will take the Children and Young Peoples (Scotland) Act 2014 into account. This review will assist in the further integration and coordination of drug and alcohol services for both adults and young people in Moray, bringing about best value for money.
- Link the Early Years and Young People Substance Misuse Social Worker and two Family Support Workers to the Early years Collaborative agenda; supporting families who have young children that are affected by parental substance misuse.

6.5 Communities and Individuals are Safe From Alcohol and Drug Related Offending and Anti-social Behaviour

Current Picture

The 2013 Scotland's People Report shows that 8% of people in Moray perceived that drug misuse or dealing was common or very common in their neighbourhood.

Police Scotland Statistics for the period 2013/14; show that 28.7% of all crimes were committed whilst the perpetrator was under the influence of alcohol and or drugs in the Moray area. There has been an increase in the number of Drug Testing and Treatment Orders during 2013/14 compared to the previous year in Moray.³¹

²⁶ <http://www.madp.info/wp-content/uploads/2012/04/2013-14-MADP-Annual-Report.pdf>

²⁷ ibid

²⁸ ibid

²⁹ <http://www.gov.scot/Topics/People/Young-People/gettingitright/well-being>

³⁰ <http://www.earlyyearscolaborative.co.uk/about-the-collaborative>

³¹ <http://www.madp.info/wp-content/uploads/2012/04/2013-14-MADP-Annual-Report.pdf>

What the MADP will do

The MADP will:

- In conjunction with Police Scotland, work to reduce the number of offences that are committed under the influence of Alcohol or drugs, through early intervention work to educate people about safe levels of alcohol use.
- Support Police Scotland in the reduction of Illegal Substances available in the Moray area.
- Continue to support and engage with the Domestic Abuse Partnership, the Community Safety Strategic Group, and the Public Protection Partnership in Moray to assist with the reduction of substance misuse related offending in the Moray area.
- Engage with the Scottish Prison Service in HMP Porterfield (Inverness), HMP Grampian (Peterhead) and Criminal Justice to ensure that any prisoners with problematic alcohol and drug use are supported through their transition back into the community, in a bid to reduce alcohol and drug related reoffending in the Moray area.
- Research the prevalence of and facilitate training on NPS in the Moray area for Drug and Alcohol Service staff, as well as educating the general population of Moray on the unsafe use of NPS's.

6.6 People Live in Positive, Health Promoting Local Environments Where Alcohol and Drugs are Less Readily Available

Current Picture

In 2013 10% of young people aged 13 years old and 37% of young people aged 15 had been offered drugs in the past in Moray.³²

As at 31 March 2014 there were 315 licenses in force in Moray, 232 were on sales, 83 were for off sales. There were 2 on sale and 1 off sales applications received during 2013/14; no licenses were refused for either on sales or off sales in Moray during 2013/14.³³

During 2013/14 there were 148 discarded needles found in 19 locations throughout Moray.³⁴

What the MADP will do

The MADP will:

- Continue to contribute to the Local Licensing Board with regards to over provision in the Moray area. The MADP will assist in writing the Statement of Policy for the Licensing (Scotland) Act 2005, which will be renewed in 2016 and every three years thereafter.
- Continue to work with Police Scotland, and Trading Standards to combat illegal Drug Possession and Supply and the unsafe use of NPS in the Moray area.
- Continue to actively advertise and promote the use of the Needle Exchanges that are available throughout Moray, it will also respond to the needs of the Moray area with regards to Needle Exchanges over the time span of this strategy.
- Consult with the Community Engagement Team and Public Protection Partnership Hub within the Moray Council to promote public reassurance on issues surrounding problematic Drug and Alcohol use.

6.7 Alcohol and Drug Prevention, Treatment and Support Services are High Quality, Continually Improving Efficient and Evidence based and Responsive, Ensuring People Move through Treatment into Sustained Recovery.

Current Picture

During 2013/14 there were 289 people who were assessed in MADP services, with approximately 420 people accessing specialist Alcohol and Drug Services in Moray in that year. In this time frame 100% of all Service Users met the HEAT Standard A11 as set by the Scottish Government.³⁵

³² http://www.isdscotland.org/Health-Topics/Public-Health/Publications/2014-11-25/SALSUS_2013_Moray.pdf

³³ <http://www.gov.scot/Topics/Statistics/Browse/Crime-Justice/PubLiquor/LiquLic201314>

³⁴ <http://www.madp.info/wp-content/uploads/2012/04/2013-14-MADP-Annual-Report.pdf>

The MADP is continuing to embed the National Quality Principles for Substance Misuse Services in all services and partners.³⁶

There are currently a number of informal service user groups in the Moray area for both those affected by their own substance misuse as well as those affected by another's substance misuse.

What the MADP will do

The MADP will:

- Work with the Workforce Development group and relevant national bodies to ensure that all of the MADP service workers are highly skilled and able to work in a person centred way that responds to the needs of each individual.
- Ensure that there is an effective integrated pathway for service users that offers a person led, flexible range of services that are accessible to all throughout the Moray area.
- Facilitate the opportunity for service users to move through services at a pace that is correct for them whilst keeping their motivation at a high level.
- Encourage the building of a recovery community in the area that is visible to all member of society in a bid to remove the stigma that often accompanies those who have problematic drug or alcohol use.
- Encourage peer led recovery, which will give service users the opportunity build the necessary skills to become a fully integrated member of society.
- Coordinate these using the Service User Involvement Officer to allow for a more completed and coherent picture of the needs of the service user and their families in Moray

7. Evaluation of the MADP Strategy

The MADP are committed to providing a Delivery Plan every three years for the Scottish Government, this will detail the necessary MADP activities and key performance indicators that will be used to measure the success of the priorities identified within this strategy.

The MADP also formulate a Self Assessment Annual Report that is also sent to the Scottish Government. This report aims to inform the Scottish Government, ADP Partners and local stakeholders on achievements made towards the identified priorities in the previous year. The MADP Self Assessment Annual Report will also be used to measure the success of the MADP Strategy.

8. Funding

Financial arrangements for work in relation to problematic Drug and Alcohol use are paramount. The Scottish government and other partners contribute resources towards tackling problematic drug and alcohol use. The MADP will ensure that resources made available are used appropriately with regards to Prevention, Treatment and Support Services, Recovery and Enforcement. The Chair of the Finance and Commissioning Subgroup will ensure that these are used to provide services that are needs led and appropriate in achieving the 7 Strategic Outcomes as identified in this strategy.

9. Conclusion

MADP is committed to working with all Partners to facilitate the achievement of the 7 high level Strategic Outcomes as identified; and to helping the people of Moray who have problematic drug and alcohol use through education, formal support and treatment services, as well as through the use of Mutual Aid Groups and associated products.

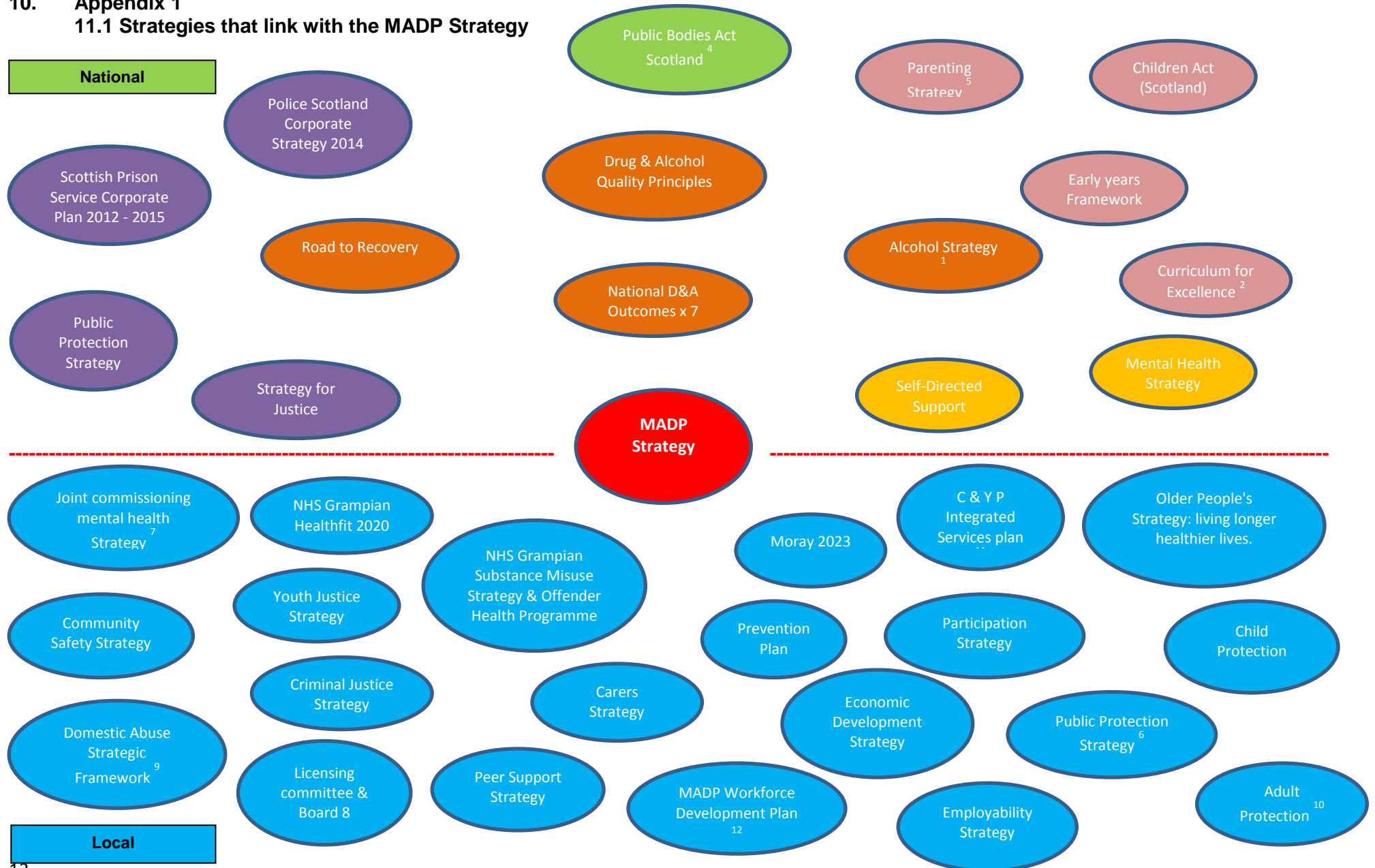
This strategy identifies work that is required to achieve the identified outcomes as detailed in Appendix 3.

The MADP have made a commitment to provide quality services, based on evidence and the need of the individual, which will offer quality services and the best value to both service users and commissioners.

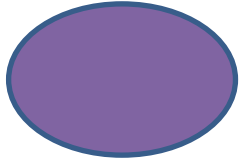
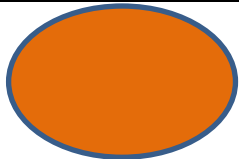
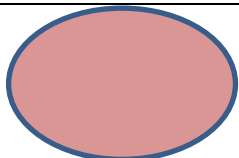
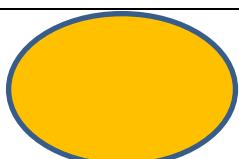
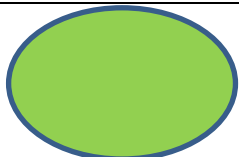
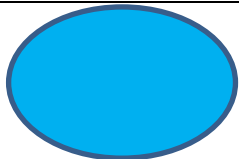
³⁵ <http://www.madp.info/wp-content/uploads/2012/04/2013-14-MADP-Annual-Report.pdf>

³⁶ <http://www.gov.scot/Publications/2006/09/25092710/2>

10. Appendix 1
11.1 Strategies that link with the MADP Strategy



1. Alcohol Strategy: Changing Scotland’s Relationship with Alcohol
2. Curriculum for Excellence Health and Wellbeing Outcomes
3. Children Act (Scotland) 2014 – GIRFEC/ Transitional Stages
4. Public Bodies Act Scotland – 9 National Outcomes
5. Parenting Strategy (including the development of a national Play Strategy)
6. Public protection Strategy – In development
7. Joint Commissioning Mental Health Strategy – In development
8. Licensing Committee and Board: Statement of over provision
9. Domestic Abuse Strategic framework – In development
10. Adult protection – MARAC and MAPPA
11. Children and Young People’s Integrated Services Plan: Curriculum for Excellence, Child Protection, Early Years, GIRFEC, CAPS, CAPSM and Corporate Parenting
12. MADP Workforce Development Plan – In development

	Criminal Justice and Public Protection
	Alcohol and Drug Specific Strategies
	Children and Families
	Adult Services and Self Directed Support
	Overarching Public Bodies Bill
	Moray Strategies and Plans

11.2 Appendix 2 - Glossary

Abstinence	The philosophy of completely stopping the use of alcohol and drugs.
Addiction	A chronic, relapsing condition characterised by compulsive alcohol or other drug seeking and use and by neurochemical and molecular changes in the brain.
Agency	A statutory or third sector organisation providing services or some other intervention to address alcohol or other drug problems.
Alcohol misuse	Heavy consumption of alcohol on an individual occasion or the persistent use of alcohol above sensible drinking guidelines.
Assessment	Interviewing a service user to obtain the sociological background, psychological makeup, educational and work history, family and marriage difficulties and medical issues to better assess their needs for treatment or support.
Binge drinker	Drinking more than twice the sensible drinking guidelines on a person's heaviest drinking day (8 or more units for men and 6 or more units for women in one session).
Blood Borne Virus (BBV)	A microscopic infectious agent transmitted between humans through the exchange of blood or other bodily fluids, such as Hepatitis B Virus, Hepatitis C Virus or Human Immunodeficiency Virus (HIV).
Alcohol Brief intervention	A short motivational interviewing technique to help reduce problematic use of alcohol or drugs by getting people to think differently about their substance use so that they begin to think about or make changes in their consumption.
CAPSM	Improving Outcomes for Children Affected by Parental Substance Misuse.
Carer	Someone who voluntarily helps another person who cannot manage without their support due to illness, fragility, disability or use of alcohol or drugs.
Challenge 25	In October 2011, the Licensing (Scotland) Act 2005 was amended by the introduction of a new mandatory condition for all premises licences and occasional licences. This provides that there must be an age verification policy in relation to the sale of alcohol on the premises. The section has set a minimum age of 25 years for the policy where it appears to the person selling the alcohol that the customer may be under the age of 25 years.
Commissioning	The systematic process of specifying, choosing and monitoring services on the basis of identified need to deliver particular outcomes under contract or service level agreement.
Community	A group of people with a common interest or identity, such as geographic, ethnic, cultural, religious, sexual orientation or health status.
Community involvement	Local people helping to direct the decisions about services affecting their lives by sharing their views, experiences and ideas.
Community Planning Partnership (CPP)	A partnership of the major providers of public and third sector services in our area working together with the community to deliver better services on a variety of topics.
Cultural Capital	Non-financial social assets that promote social mobility beyond economic means. Examples can include education, intellect, style of speech, dress, or physical appearance
Curriculum for excellence	A programme of work that is reviewing the current school curriculum. This has implications for teachers to be better trained in alcohol and other drug education to help tackle problematic use of alcohol or other drugs.
Drug	A synthetic or natural chemical substance that affects one or more biological processes. In this context, psychoactive drugs alter mood, emotion, or state of consciousness and affect function of the brain. Drugs include legal substances such as prescription medicines, solvents, glues, alcohol and tobacco, etc. Other drugs such as opiates, psychostimulants, depressants, hallucinogens and steroids, etc, may be illegal to use and possess unless lawfully prescribed.

Early intervention	Intervening when someone first shows signs of having difficulties to ensure they receive help as soon as possible to prevent a problem escalating and becoming more difficult to deal with later on.
Employability	Having enough skills and abilities for someone to employ you.
Evidence based	The conscientious use of current best information in making decisions about the delivery of services to maximise benefit and minimise risk from the resources available.
GIRFEC	Getting It Right For Every Child calls for all workers who come into contact with children and their families in the normal course of their work, eg Health, Education, Social Work, Police, Housing, community and voluntary Groups etc to work towards supporting children and young people grow, develop and reach their full potential
Harm reduction	The philosophy of reducing harm caused by alcohol and other drugs without necessarily seeking abstinence. Approaches can include using needle and syringe exchanges, substituting prescribed methadone for street heroin, changing routes of use from injecting to smoking, or cutting down on the quantity of alcohol or drugs consumed.
Harmful drinking	A heavy pattern of drinking that causes damage to physical or mental health (e.g. liver damage or episodes of depression).
Hazardous drinking	A pattern of drinking beyond sensible drinking guidelines which increases risk to health but has yet to cause observable serious harm.
Health promotion	The process of enabling people to improve and increase control over aspects of their lives that affect their health and wellbeing.
HEAT	Performance targets in the NHS around the areas of Health improvement, Efficiency, Access and Treatment.
Integrated care pathway	A locally-agreed multidisciplinary care plan, based on guidelines and evidence where available, describing the essential anticipated steps over a set time period in the care of a specific client group and the resultant progress to be expected.
Journey of care	The pathway through services taken by someone to receive the care that they require. Such a journey should ideally follow an integrated care pathway.
Licensing Board	A statutory body under the Licensing (Scotland) Act 2005 responsible for determining applications for liquor and gambling licenses.
Mainstream	Using universal services routinely available to the general public to deliver support rather than through narrowly available specialist services.
New Psychoactive Stimulant	Psychoactive drugs which are not prohibited by the United Nations Single convention on Narcotic Drugs or by the Misuse of Drugs Act 1971 and which people in the UK are seeking for intoxicant use.
MAPPA	Multi-Agency Public Protection Arrangement.
MARAC	The Multi-Agency Risk Assessment Conference.
Naloxone	Naloxone is used to reverse the effect of (accidental opioid overdose by removing the opioid from the receptors, thereby assisting with the restoration of breathing.
Outcome	The identifiable impact on, or consequences for, individuals and the community due to the planned actions, interventions or services of the MADP or its partners.
Partner	An agency working in cooperation with others as a member of the MADP partnership to implement this strategy.
Partnership	A collection of partner agencies with mutual understanding, parity of esteem and shared objectives founded to co-plan and share responsibility for service design to optimise outcomes for service users.
Performance Management	A process which contributes to the effective management of services in order to achieve high levels of performance. It establishes shared understanding about what is to be achieved and an approach to leading and developing services which will ensure that it is achieved.
Prevention	Early detection and intervention to stop problems from becoming more severe.

Psycho stimulant	Any of several drugs that act on the central nervous system to produce excitation, alertness and wakefulness.
Recovery	A deeply personal, unique and voluntary journey of regaining control over and living as meaningful and satisfying a life as possible as a full and valued member of society.
Recovery Capital	Those internal and external resources to which an individual has access that either promote or limit the likelihood, extent or maintenance of recovery. Internal resources include: self esteem, confidence, resilience and hope. External resources include: access to suitable housing, employment, family, relationships and social support.
Resources	The labour, skills, information, finance, materials, equipment, supplies or accommodation assets available to plan, implement and deliver change, goods or services.
SALSUS	Scottish Schools Adolescent Lifestyle and Substance Use Survey, published in Scotland every 4 years.
Sensible drinking guidelines	Guidelines recommending a pattern of drinking unlikely to cause harm. Sensible limits for men are 3 to 4 units per day, up to 21 units per week; for women 2 to 3 units per day, up to 14 units per week. All individuals should aim to have at least 2 alcohol-free days each week. Pregnant women or those trying to conceive should avoid all alcohol.
Service	Any statutory, third sector or community based agency that provides a mechanism of support, care, or motivation to address alcohol or drug use.
Service user	A person who uses or could make use of a service.
Social Capital	The network of social connections that exist between people, and their shared values and norms of behaviour, which enable and encourage mutually advantageous social cooperation.
Statutory sector	Public agencies, funded by government, with specific legal responsibilities.
Strategic	Consideration of the widest possible set of factors and broadly defined long term goals to address a particular problem.
Third Sector	Non statutory organisations from the voluntary sector.
Tier 3 Drug & Alcohol Services	Tier 3 interventions include provision of community-based specialised drug assessment and co-ordinated care-planned treatment and drug specialist liaison.
Tier 4 Drug & Alcohol Service	Tier 4 interventions include provision of residential specialised drug treatment, which is care planned and care co-ordinated to ensure continuity of care and aftercare.
Treatment	Procedures that are intended to relieve illness or injury.
Unit of alcohol	A beverage containing 10ml (~8g) of ethanol equals one unit. A half pint of 3.5% ABV beer, one 25ml measure of 40% ABV spirit or a small glass (125ml) of 8% ABV wine equals one unit.

10.3 Appendix 3 - Outcomes for MADP Strategy

National Outcome	MADP Outcome	Short Term – years 1,2,3	Medium Term – years 4,5,6	Long Term – Years 7,8,9
We live longer, healthier lives	HEALTH	<p>There will be an improvement to the Physical and Mental wellbeing of those accessing Drug and Alcohol Services. (Outcomes Star data)</p> <p>There will be an increased number of ABI's delivered in Moray</p>	<p>There will be fewer acute and long-term risks to people's physical and mental health. (Fewer People accessing Hospital with an Alcohol or Drug Related diagnosis) (ISD Hospital Data)</p> <p>There will be a reduced rate of Drug and Alcohol Mortality. (GRO Mortality Data)</p>	People are healthier and experience fewer risks as a result of alcohol and drug use
National Outcome	MADP Outcome	Short Term – Years 1,2,3	Medium Term – Years 4,5,6	Long Term – Years 7,8,9
We live longer, healthier lives	PREVALANCE	<p>Accurate, easy to understand health promoting information regarding Alcohol and Drugs will be shared, and easily disseminated to the wider Moray Community.</p>	<p>There will be a reduction in the number of Young People who are misusing Drugs and/or Alcohol. And an increase in improved life chances that will reduce the likelihood of individuals developing problematic drug and or alcohol use in the future. (Salsus Data)</p> <p>There will be an increase in the number of people who are consuming alcohol within the prescribed safe drinking limits as set out by the Scottish Government. (Scottish Government)</p>	Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others
National Outcome	MADP Outcome	Short Term – Years 1,2,3	Medium Term – Years 3,4,5	Long Term – Years 7,8,9
We have tackled the significant inequalities in Scottish Society	RECOVERY	<p>There will be an increase in the percentage of those accessing Moray Drug and Alcohol Services who report making progress at 3 month, 6 months and 12 months.</p>	<p>There will be an increase in the number of Service Users who have enhanced Recovery Capital and improved life chances.</p>	Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use

		(Outcomes Star)		
National Outcomes	MADP Outcome	Short Term – Years 1,2,3	Medium Term – Years 3,4,5	Long Term – Years 7,8,9
<p>We have improved life chances for children, young people and families at risk</p> <p>Our children have the best start in life and are ready to succeed</p>	FAMILIES	<p>There will be an increase in the number of family members of those with a substance misuse issue who are offered an intervention by 10% (Quarriers Data)</p> <p>There will be an increase in the number of Service Users and family members who are involved in the design, development and delivery of Service Users Care Plan (Care Plan Data)</p>	<p>There will be a decrease in the rate of Pregnancy recording drug or alcohol use in Moray. (ISD Data)</p> <p>Children affected by Parental Substance Misuse are protected and enabled to build resilience through the joint working of Children's and Adult Services. (Children and YP Subgroup, CPR data)</p>	<p>Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances</p>
National outcome	MADP Outcome	Short Term - Years 1,2,3	Medium Term - Years 4,5,6	Long Term - Years 7,8,9
<p>We have strong resilient and supportive communities where people take responsibility for their own actions and how they affect others</p>	COMMUNITY SAFETY	<p>There will be a reduction in Alcohol and Drug related offending. Including Antisocial Behaviour, Serious and Violent Crimes, Drug Dealing and Driving while under the influence of Alcohol. (Police Scotland Stats)</p>	<p>There will be a decrease in the percentage of people with personal experience of drug misuse or dealing in their neighbourhood. (Scottish Household Survey)</p>	<p>Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour</p>
National Outcome	MADP Outcome	Short Term - Years 1,2,3	Medium Term - Years 4,5,6	Long Term - Years 7,8,9
<p>We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others</p>	LOCAL ENVIRONMENT	<p>Moray Streets are safe and free from Drug and Alcohol related harm (Needle Stick data, Needle Exchange Data)</p> <p>Support and inform the Local Licencing Board in formulating their Licensing Policy Statement</p> <p>Service Users will have increased, recovery and social</p>	<p>Recovery will not be stigmatised, but supported and championed in the local Community</p>	<p>People live in positive, health-promoting local environments where alcohol and drugs are less readily available</p>

		capital (Service User feedback)		
National Outcome	MADP Outcome	Short Term - Years 1,2,3	Medium Term - Years 4,5,6	Long Term - Years 7,8,9
Our public services are high quality, continually improving, efficient and responsive to local peoples need	SERVICES	No Service User will wait more than 3 weeks between Referral and First Treatment HEAT H11	There is an effective integrated care pathway offering a flexible range of services from assessment to recovery in Moray.	Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery

10.4 Appendix 4 - The Quality Principles

Standard Expectations of Care and Support in Drug and Alcohol Services

Your recovery belongs to you. It is up to you to progress your recovery in partnership with services. You should co-operate with staff and services that will, in turn, empower you to achieve your goals.

These Quality Principles have been laid out as a journey starting with access to a service leading on to assessment, recovery planning, review and beyond. No one Quality Principle is more important than another and each is of equal standing.

1. You should be able to **quickly access** the right drug or alcohol service that keeps you safe and supports you throughout your recovery.
2. You should be offered **high-quality; evidence-informed treatment, care and support interventions** which reduce harm and empower you in your recovery.
3. You should be supported by workers who have **the right attitudes, values, training and supervision** throughout your recovery journey.
4. You **should be involved** in a full, strength-based assessment that ensures the choice of recovery model and therapy is based on your needs and aspirations.
5. You should have a **recovery plan that is person-centred and addresses your broader health, care and social needs**, and maintains a focus on your safety throughout your recovery journey.
6. You should be **involved in regular reviews** of your recovery plan to ensure it continues to meet your needs and aspirations.
7. You should have the opportunity to be **involved** in an ongoing evaluation of the delivery of services at each stage of your recovery.
8. Services should be **family inclusive** as part of their practice.

The Recovery Philosophy

The **Recovery Philosophy** states that everyone deserves to recover from addiction to drugs and/or alcohol. It exists to support the recovery journey by ensuring people are treated with dignity and respect when they choose to access, and work in partnership with, drug and/or alcohol treatment and support services.

1. **You should be seen as capable of changing and becoming positively connected** to your local community.
2. **You should have access to information on different pathways to recovery, including long-term recovery.** This information should be provided in ways that you can understand.
3. **You should be able, whether seeking recovery in the community, a treatment service or while in prison, to set your own recovery goals**, working with others to develop a personalised recovery plan based on accurate and understandable information about your health, including a wide-ranging, holistic assessment of your needs and aspirations.
4. **You should receive support from organisations or health and social care providers that are positive about recovery.**

5. You should be treated with dignity and respect. If you relapse and begin treatment again, services should welcome your continued efforts to achieve long-term recovery.

6. You should be able to access services that recognise and build on your strengths and needs and coordinate their efforts to provide recovery-based care that respects your background and cultural beliefs.

7. You should be represented by informed policymakers who remove barriers to educational, housing and employment opportunities once you are on the road to recovery.

8. You should be able to access respectful, non-discriminatory care from all service providers and to receive services on the same basis as anyone else who uses health and social care and third sector services.

9. You should have access to treatment and recovery support in the criminal justice system that is consistent and continues when you leave.

10. You should be able to speak out publicly about your recovery to let others know that long-term recovery is a reality.